2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # J37274

1. Entity Name
TECHNOLOGY ASSEMBLERS INC.

Principal Place of Business	Mailing Address
600 MAGNOLIA OAK CT LONGWOOD, FL 32779 US	C/O DAVID C. JOSWICK 600 MAGNOLIA OAK COURT LONGWOOD, FL 32779

03182006 No Chg-P CR2E0[illegible]

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4. FEI Number
59-2760873

5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent

JOSWICK, DAVID C.
600 MAGNOLIA OAK COURT
LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am aware of and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	JOSWICK, DAVID C.
STREET ADDRESS	600 MAGNOLIA OAK CT.
CITY-ST-ZIP	LONGWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
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04/20/06-8[illegible] 16 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further c[illegible] e information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that [illegible] cer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appear[illegible] 0 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David C. Joswick 4-2-06 10[illegible]2-0251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date